

PROOF OF CLAIM

REHABILITATION OF THE WELLNESS PLAN

CASE NO: 03-1127-CR

CIRCUIT COURT OF INGHAM COUNTY, STATE OF MICHIGAN

DEADLINE TO DELIVER A PROOF OF CLAIM IS: 5:00 PM OCTOBER 24, 2003

See September 11, 2003 Court Order for additional instructions on filing your Claim.

CLAIMANT INFORMATION

Name Claimant: _____

Name and Address where
notices should be
sent: _____

Social Security Number: _____ Federal Tax ID Number _____

Provider ID Number: _____

Name and Address of Claimant Attorney (if any): _____

CLAIM INFORMATION

Basis for Claim: ___ Goods Sold; ___ Services Performed; ___ Money Loaned;

___ Personal Injury / Wrongful death; ___ Taxes; ___

Wages / Salary / Commissions / Compensation; ___ Settlement;

___ Medical Bills Paid by Member / Insured; ___ Other: _____

Claim description: (briefly state the date and facts of this claim or identify case name, court and docket number of prior litigation):

Total Amount of Claim on July 1, 2003: \$_____ The amount of all payments on this claim has been deducted for purposes of making this proof of claim: ___ Yes ___ No

Does claim include interest or other charges: ____ Yes ____ No If Claim includes interest or other charges **attach an itemized statement** of all interest and additional charges.

Is your Claim secured by collateral (including a right to setoff): ____ Yes ____ No

Value of collateral: \$_____

Brief Description of collateral:

By signing this Proof of Claim, Claimant certifies that the information and supporting documents are true and accurate. Claimant acknowledges that the Rehabilitator may request additional or supplemental information or evidence and may require testimony under oath, affidavits or written statements to support this Claim.

Signed this ____ day of _____, 2003.

Claimant's Signature: _____

Type or print

Claimant Name: _____

Title: _____

After completion, return this signed Proof of Claim to:

Claims by Medical Providers:

The Wellness Plan
P.O. Box 02577
Detroit, MI 48202
ATTN: Rehabilitation Claims

All other Creditor claims:

The Wellness Plan
2875 W. Grand Blvd.
Detroit, MI 48202
ATTN: Donn Merrill/AP Claims